

Best Available Copy

POSITION	ID NO.	DATE
CLASSIFIER	18	8/15/97
EXAMINER	700	8/19
TYPIST	700	8/20
VERIFIER	700	8/21
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	Original
1 1	v < =
2 2	v v =
3 3	=
4 4	
5 5	
6 6	
7 7	
8 8	
9 9	
10 10	
11 11	
12 12	
13 13	
14 14	
15 15	v
16 16	=
17 17	v
18 18	v
19 19	o
20 20	o
21 21	o
22 22	o v
23 23	o v
24 24	o =
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SYMBOLS

-	Rejected
-	Allowed
(Through number)	Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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